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ON ABNORMAL SOUNDS IN DIFFERENT PARTS OF THE HUMAN BODY.

FROM RECENT LECTURES BY F. MAGENDIE.

In my last lecture, Gentlemen, I spoke to you of two abnormal bruits which are often heard in the circulation, viz. the bruit de soufflet and the bruit de râpe. The former sound has been familiar to pathologists, and especially to those who have occupied themselves with the phenomena of auscultation, for many years. It has been long known as a fact, that when you listen to the circulation of the blood, as it takes place through the great vessels in the neighborhood of the heart, you often hear a peculiar sound, or bruit, somewhat resembling the noise produced by a bellows, and hence its name, "bruit de soufflet." This may be accompanied by a diseased condition of the heart and arteries, or, as is, I believe, more frequently the case, may be perfectly independent of any pathological lesion. But we also had occasion to notice a bruit which is developed in consequence of a change of organization, and presents itself in company with other abnormal sounds, or is heard supplying the place of one of the natural ones. This is the saw sound or "bruit de râpe," from the harsh, grating sensation that accompanies it.

Before I enter into a consideration of any abnormal sound, let me here remind you, once again, to lay aside those preconceived ideas which, I fear, you have adopted as to the nature of the bruits emanating from the human body, and the heart in particular. Your medical education has, no doubt, led the greater part of you to consider the stethoscopic phenomena of the heart and circulating system, both in health and disease, as being purely of a vital nature; but if you wish to follow my lectures with advantage, you must endeavor to get rid of this radical error. Nothing can be more contrary to the fact than the supposition that the sounds of the heart and arteries are of a vital nature, or depend upon a proximate vital cause. They occur indeed in organs possessing life and exercising certain vital actions, but that is all. Sound in the animal body, as well as in the external material world, is a simple physical phenomenon; and for its production we must have a physical cause, the concurrence of certain physical conditions, which I have already explained to you at length.

The abnormal sounds of the heart must, therefore, be sought in the operation of some physical cause or causes; but it is by no means so easy a matter to discover what the precise nature of that cause may be, and to adapt each condition to the varying and uncertain phenomena exhibited by the heart in a state of disease, and, above all, to seize an explanation which shall be perfectly in harmony with the theory we have already proposed on the natural sounds, and with the numerous physiological facts we have adduced in its support. One cause of difficulty against which the physician has to labor in forming an explanation of the abnormal bruits of the heart, is the impossibility of studying them at his leisure. For the normal sounds this cannot occur. The great majority of patients in our hospitals will give you a daily opportunity of examining and reflecting on, with all the attention and time the subject may require, —of studying, I say, at your leisure, the healthy bruits of the circulating system; but we cannot observe the morbid phenomena as we wish, much less certain symptoms of rare occurrence. It is only, as it were, by accident that these sometimes present themselves to our notice. Even in the wards of our largest hospitals you may often wait for a considerable time before you find a patient who furnishes an example of an abnormal bruit, and then in all probability it will be merely the bruit de soufflet. Thus, for example, I lately examined all my patients at the Hotel Dieu for twenty days consecutively before a well-marked pathological bruit fell under my notice. But the difficulty of our subject must not deter us from endeavoring to throw all the light upon it that we can obtain from the accessory sciences. With this view I have made several physical experiments, chiefly in order to ascertain the effect of fluids passing through tubes under various circumstances, and I have arrived at some results that are interesting, and may hereafter be productive of practical benefit. Thus I fitted a large syringe to several gum-elastic tubes of various diameters, and pushed in a quantity of fluid. The passage of the water through the tubes gave rise to a very distinct bruit de soufflet, and hence I conclude that in all probability the seat of the abnormal sound resides in the parietes of the vessels themselves. The reasoning is not indeed rigorously strict or demonstrative, but it is the nearest approach that we can make to an explanation in the present state of the science.

If the theory which I have just ventured to advance be true, or shall be confirmed by further observations and experiments, it will follow that the bruit de soufflet depends upon the dilatation of the arterial branches; and we shall thus obtain an additional proof of a proposition laid down in an early part of the present course, viz. that at each contraction of the heart the arterial tubes through the whole system undergo a corresponding degree of dilatation. This, you know, has been positively denied by several physiologists of note. However, in order to develope the abnormal sound of which we speak, there must be something more than a simple expansion or dilatation of the artery, and this part of the subject requires a thorough investigation. Perhaps the frottement of the blood against the parietes of the vessels may share somewhat in the production of the bruit de soufflet, or a certain degree of pressure with a certain current of fluid may be necessary. These are merely ideas which I throw out for your consideration. Do not take them as facts, or as materials of a positive theory; for, as I before remarked to you, our physical knowledge is here extremely limited, and we have an immense progress to make before we can hope to explain with certainty the physical conditions giving rise to the abnormal sounds of the heart.

We have, however, I believe, made some little progress already in the investigation of this difficult subject: thus as to the explanation of the bruissement heard in the neighorhood of aneurismal tumors in cases of circumscribed aneurism (and which, by the by, Laennec distinctly calls "a vital phenomenon"), we found this bruit most distinctly in the parietes of an elastic tube, where a portion, weaker no doubt than the rest, had given way, and produced in this manner an artificial circumscribed aneurism. The sound which we heard over the dilated pouch of elastic tissue was exactly similar to the bruissement described by Corvisart as a symptom of aneurism of the ascending aorta. So far the idea which we have advanced was confirmed by experience, and the error of Laennec at the same time clearly demonstrated; for if the bruit, or, as he calls it, the "fremissement cataire" of aneurism, were in reality a vital phenomenon, how comes it that it was faithfully reproduced in the experiment to which we have alluded?

There is another bruit which frequently enters as a symptom of organic disease of the heart, and which, I have no doubt, admits of explanation upon similar principles. You remember I spoke to you of a "bruit de râpe," heard whenever an obstacle occurs to the free passage of the blood through the valves of the great vessels springing from the heart. I made some experiments with elastic tubes, and succeeded before lecture in reproducing this abnormal sound, but when I endeavored to obtain it before the class, my experiment failed; since then I have reflected upon the causes of our failure, and it struck me that we had not sufficiently imitated the physical conditions in which the vessel that produces the bruit de râpe is placed. Thus, we were content with merely suspending a portion of artery from the internal surface of the elastic tube, and then forcibly injecting a quantity of water against the obstacle; but it is evident, that in order to approach as near as possible to the condition presented by an ossified valve, or a tumor, &c. we should have suspended some solid resisting body, like a piece of wood, in the tube: perhaps this may have been the cause of our failing to obtain before you the bruit de râpe. I shall, however, repeat the experiment with more caution, and we shall then see whether a more solid obstacle to fluid may not produce the desired result. When we consider the persistence of the bruit de râpe, as contrasted with the bruit de soufflet, and reflect upon the phenomena that constantly accompany it, we cannot avoid connecting this abnormal sound with some permanent pathological condition of the part in which it is produced. I consider the physical sound of the bruit de râpe to be some obstacle of a solid nature generated in the substance of the artery, and thus partially obliterating its cavity, or some mechanical impediment to the passage of the blood through the orifices of the heart, which are guarded by valves. At least in all the post-mortem examinations which I have made of patients who have exhibited this stethoscopic symptom during life, I have always found the pathological change now described, and hence am induced to attribute the bruit de râpe to the manner in which the current of the circulating fluid strikes against the morbid production opposed to it.

Let us now pass to some sounds which are occasionally heard in other parts of the system. These are common to either the arteries or the veins, but they have been neglected by the greater part of physiologists, or merely attracted the passing notice of the physician, without giving rise to any deep or philosophical investigation. Thus, in some cases, one of the chief symptoms of which a patient complains, is a ringing in the ears. You must have all remarked this phenomenon at one time or another in yourselves or others. On certain occasions the bruit is extremely distinct and strong ; indeed, so strong, that the patient complains of its preventing him from enjoying a moment's rest or sleep. At other times there is a constant dull murmur, which is most tormenting. It may, I think, be explained, by the frottement of the circulating fluid against the parietes of the carotid artery, as it passes to the brain from the base of the skull through the carotid foramen.

Let me call to mind briefly the peculiar disposition of this vessel in the upper part of its course, before it breaks up into the branches composing the anterior and lateral parts of the circle of Willis. The internal branch of the common carotid artery ascends, slightly curving, upon the anterior straight muscle of the neck, until it reaches the orifice of the carotid canal, through which it is transmitted to the interior of the skull. During this part of its course it is situated very close to the eustachian tube, a membrano-cartilaginous tube, extending from the middle ear to the back of the fauces, and capable, as you all know, of transmitting sound from one to the other of the parts ; but what I would chiefly wish to remind you of is, the manner in which the carotid artery, necessarily following the various flexuosities of the canal, instead of presenting the appearance of a straight vessel, becomes flexuous in its course, and changes its direction at least four or five times before it emerges at the side of the sella tursica. This peculiar disposition of the artery has evidently for its object to diminish the impulse of blood upon so delicate an organ as the brain, and to regulate its supply in the same way (though not so perfectly, for in the human body circumstances do not require it), in the same way, I say, as the rete mirabile prevents the too sudden afflux of blood to the head in certain mammalia. But the mechanism by which this advantage is obtained, gives rise to the sound which is occasionally heard in the ears ; and remark, that this symptom prevails most intensely in plethoric states of the system, when the heart acts with violence, and the energy of the circulating vessels is increased by general or local causes. I do not know that physicians have paid any attention to this bruit, further than regarding it as a sign of determination of blood to the cerebral organ; indeed in many cases it may be just strong enough for the patient to hear it himself, though the physician cannot ; however, a medical practitioner in Germany has lately published some cases to prove that inflammation of the brain is always attended with the development of a peculiar bruit in the carotids : he placed the stethoscope on the base of the skull, and found a distinct bruit emanating from the vessels, through which the blood flowed with increased force and rapidity. I have sought for this new stethoscopic symptom, but have never succeeded in finding it ; however, I see nothing extraordinary in it, nor any reason for not believing that it may exist under the circumstances alluded to. It is a subject that may be followed up with the hope of giving rise to beneficial practical results, and whenever a patient may fall under your care who complains of this noise in the ears, I would recommend you to examine him with care, to note assiduously the minutest circumstances, and to determine, if possible, the physical phenomena either accompanying or giving rise to it. One thing certain is, that the origin of the sound of which I now speak, resides not only in the peculiar disposition of the internal carotid artery at the base of the brain, but is also closely connected with the greater or less degree of energy of the heart's contractions ; thus I have had frequent occasion to observe this symptom in patients laboring under active hypertrophy of the ventricles, who were constantly tormented by a loud noise in the ears ; and I have also proved that any remedy which diminishes the force of the heart's action, has a corresponding influence upon it ; in fact, after one or two bleedings, and when the system commences to feel the effects of strict diet, repose, &c. it generally disappears.

In other cases the bruit of the heart's shock is heard in the arteries, and sometimes is distinguishable even throughout the whole arterial system. Not long ago a case of this kind fell under my care ; the patient was affected with continued fever, and there was not a part of the body, in the neighborhood of any considerable vessel, where the bruit of a shock could not be clearly heard. Even when the stethoscope was placed over the radial artery, we had a distinct shock accompanying each stroke of the pulse. I examined this case with the greatest attention, on account of its novelty, and am certain that the sound thus developed was a real bruit, though, as to its cause or nature, I cannot attempt to give you the slightest explanation ; the fact, however, deserves to be recorded : perhaps longer experience and future observations may give us some clue to its cause.

Again, in large aneurism of the arch of the aorta, or of the pulmonary artery, close to its base, you hear a peculiar sound at each dilatation of the sac, making a third bruit in the precordial region : this pathological bruit is the more distinct and remarkable, in that it separates the two normal bruits from one another.

M. Bouillaud has described another abnormal bruit, to which he has given the strange name of "bruit de diable ;" you all know the circular instrument called "diable ;" this produces a discordant sound, to which M. Bouillaud has assimilated the bruit he heard in the carotid arteries, and thence gave it the name of bruit de diable. It has never fallen, however, under my observation, and I shall pass it over in silence, rather than hazard an opinion upon what I know nothing of by experience.

There is also another bruit which is sometimes observed in cases of aneurism, or as a result of an accident which I fear too frequently occurs—viz. the wound of the artery, as well as the vein, in bleeding ; this is the sound called, in technical language, "fremissement," and in all probability arises from the vibration of the elastic tissues surrounding the injured part.

Were we to examine carefully the various cases which daily pass before us, either in private or in hospital practice, we should, I venture to affirm, discover several other bruits in the human body which have not as yet attracted the attention of the physician or the surgeon ; indeed, there still remain a few to be noticed, but the short time which still remains for the completion of my course, compels me to pass to the consideration of others that are infinitely more important in a practical point of view, afford a wider field for physiological investigation, and, moreover, are of so frequent occurrence, that you cannot set your foot in the wards of any hospital, however small and insignificant, without having abundant opportunity of studying them at your leisure.

[To be continued.]

SUCCESSFUL OPERATION FOR HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following case, not because it is an anomaly, but for the sake of preserving practical facts. Should you consider it of sufficient merit, please insert it in your valuable Journal.

I was called on the 24th of Nov. last, to visit Isaac Wentworth, 24 years of age, in an adjoining town, where I arrived in the evening, and found the symptoms of the patient to be those of strangulated hernia, as it has hitherto been called. On inquiry, found he had been laboring under his present illness thirty hours (his physician, whom he called the first day of the attack, saw proper, from some cause or other, to abandon him the morning previous to my being called). The patient said he had distress in the right side. While in a recumbent posture no tumor was to be seen; but on applying the hand I could evidently feel a firm, hard, though small tumor opposite the crest of the ilium. The young man observed that he had been ruptured ever since his remembrance. I then examined for the lower external aperture, where the hernia had made its former appearance, and where a truss had been applied and worn for a number of years, and readily found it—of so large a size and so free and clear, that I could pass my finger and the surrounding integuments into it. On further inquiry, with regard to what had been done, I was told that he was bled on Friday, the first day of the attack. A poultice of yeast and N. Rum had been applied over the region of pain the preceding day; and on the morning of my visit he had taken a cathartic prescribed by his first physician, but which was resisted by the stomach. When the patient stood upon his feet, a large tumor protruded itself through the external walls of the abdomen. Being satisfied of the character of the disease, the case was explained to him to be an incarcerated hernia; or, in other words, what has generally been denominated strangulated hernia, though it differed from common cases in this, viz. that instead of a stricture formed at the lower external aperture, there was a stricture, in this instance, formed at the internal oblique aperture. As the young man did not readily consent to an operation, a bag of pounded ice and salt was directed to be applied over the tumor, the patient being placed in a favorable situation for reduction by the taxis.

About sunrise, on Monday morning, he consented to an operation, as I had repeatedly advised through the night, as I could not discover any positive symptoms of mortification; and I was permitted to commence, assisted by my student, Mr. Knight, and a few people of the neighborhood. An incision was first made through the integuments over the tumor, and so on, systematically, down to the hernial sac, which was opened, and was found to contain between four and six ounces of bloody serum. A loop of the small intestine, whose walls on its convex surface were of a dark chocolate color, and its internal surface of a bright red or crimson color, came into view. Search was now made for the stricture. The finger was passed into the ring between its walls and the sac, which entered so readily that I conceived there was not a stricture sufficient to produce all the present difficulty. I then undertook to pass my finger between the sac and confined bowel; but found it impracticable, from the firmness of the adhesion. With difficulty I then passed a spatula between the bowel and internal surface of the divided sac, and afterwards a probe-pointed bistoury, though with the utmost difficulty, in consequence of the firmness of stricture. However, after making a second incision, I succeeded in relieving the stricture sufficiently, by raising the hips and flexing the thighs, to return the bowel within the abdomen. There was no adhesion between the bowel and peritoneal sac, nor of the peritoneal sac on its external surface, excepting where it had descended to the lower external aperture.

Dressed the wound, and laid the patient on the bed, one hour from the commencement of the operation. In the course of one hour more, violent reaction came on. An enema of the solution of muriate of soda, and a mucilage of gum Arabic for drink, was prescribed. Ordered powders to be given every six hours, composed of half a grain of calomel, one-eighth sulphate morphia, three grains oxide ant. and eight grains of nitrate of potash.

On the following morning, the patient took a laxative composed of castor oil and spts. terebinth. Second day after the operation, heat and thirst abated; had two stools after taking the laxative. Ordered the same course to be continued, and on the 5th day he was convalescent; the wound looked healthy. 7th day, the patient was improving in every respect—the wound healing rapidly. On the 9th, he was in good health.

Here the principal stricture was in the peritoneal sac at its neck, or rather in that portion of it situated within the internal ring, and not in the faciæ or ligaments which form it—and this has been the principal reason for reporting the case.

In cases of this kind, where the sac with its contents is returned within the cavity of the abdomen, will the difficulty be permanently removed? I conceive that it will not. An intelligent physician has related to me the annexed facts, which occured last month, in the town of Tuckfield. A Mr. Baily, who had been confined to his bed for a week or more, on the evening previous to his death was assisted to rise for the purpose of having the bed adjusted; but while up, as he had been laboring under inguinal hernia for some time, it came down, and he returned it himself, as usual. Immediately all the symptoms of incarcerated hernia came on so violently, that his attending physician proposed to the friends a consultation in the morning. But as the distress increased, the family sent in the night for the physician who had been named for counsel. When he arrived the patient had been dead about five minutes. There was no post-mortem examination; but from his narrative of the particulars, I consider that every symptom of irreducible hernia attended from its first to its last stage ; i. e. from incarceration to that of strangulation, and from strangulation to that of mortification and death.

Very respectfully, yours. JONATHAN S. MILLETT.

Norway, Me. April, 1835.

CASE OF IMPREGNATION OF THE OVARIUM, COMPLICATED WITH A FALSE CONCEPTION, OR MOLE IN THE UTERUS.

TRANSLATED FROM THE ANNALS OF THE MUSEUM OF FLORENCE, BY W. TULLIDGE, M.D. OF FLORENCE, TUSCANY.

[Communicated for the Boston Medical and Surgical Journal.]

NATURE not unfrequently deviates from her ordinary laws, in the multiplicity of her productions. She offers, from time to time, to the contemplation of the penetrating and philosophical observer, as well as to the naturalist and accurate anatomist, singular examples of her deviations. The diversified means she employs, in the development of the germs of animal organization, are so variously modified, and by which the same formative power of production unfolds into existence such objects, as cannot but excite equally our attention and astonishment. The knowledge of the forces, and the means, which this universal mother employs, probably comprehends many problems of the animal enonomy which yet remain unsolved ; for as yet the scrutinizing inquirer has not penetrated into her laboratory, and surprised her in her labors, so as to develope her secret agencies. Nevertheless, there are many facts and observations which afford a clue by which we may penetrate some steps into the obscure region of her mysteries ; and by the accumulation of such facts, and the examination of their results, we may advance, and obtain more light in the difficult investigation.

The subject of the present memoir, Signora Anorunziata Vettori, was a native of Florence, of a delicate constitution, and of a high degree of sensibility, of the age of 34 years. She had been four times pregnant, in the course of her matrimonial state ; the three first offer nothing extraordinary, except the misfortune of two abortions—the first at the seventh, and the second at the third month. At her third pregnancy, she reached the eighth month ; the infant survived a few days only. In her last delivery and previous abortion, a violent menorrhagia ensued, and reduced her to such a state of debility that her life was despaired of, which was accompanied by an obstinate fluor albus. She, however, so far recovered that she became pregnant for the fourth time, and this pregnancy was indicated by the suppression of the catamenia, frequent nausea and vomiting, with an evident alteration in the breasts, and increased size of the abdomen. Combined with these symptoms there was a considerable degree of debility, and the leucorrhœa continued, with a certain indescribable uneasiness of the right hypogastric region. This state of the system being considered as the consequences of the nervous temperament, and the debility induced by the pregnant state, occasional anodynes and restoratives, with a regulation of diet, were alone prescribed. This plan of treatment produced no alleviation ; the symptoms exacerbated, with the advance of her pregnancy, and the hypogastrium became more painful.

About the third month there was a small appearance of blood from the uterus, and soon afterwards a very obstinate vomiting, accompanied by such pain and soreness of the abdomen as to be sensible to the slightest touch. This state was succeeded by an alarming syncope, during which all pulsation ceased for some hours, and the surface of the body became as cold as ice, at the same time covered with moisture. The face appeared hippocratic, and the sight became amaurotic. The danger became still more alarming during the night, and she was considered to be in a dying state. Nevertheless, the continued application of hot fomentations was persisted in, with cordial draughts, and small portions of good wine occasionally. By the continuance of this treatment, the dangerous symptoms abated, and the abdominal pains were considerably diminished. Her sight also returned, but the vomiting continued.

On the 27th of September the discharge of blood from the uterus became more profuse, and she brought forth a very vascular fleshy substance. This miscarriage had a considerable effect upon her mind, which appeared to be exhilarated with the flattering hope that the cause of her illness and sufferings was now removed; and although the vomiting and abdominal pains occasionally returned, there was no suspicion of another conception. In six days subsequently, after having passed a very easy and tranquil day, more free from pain than she had been from the commencement of her illness, she was attacked early on the following morning with a violent accession of pain of the right hypogastric region, attended with vomiting, followed by syncope, and the surface of the body again becoming cold. The pulse ceased, with loss of sight and speech, yet her senses remained. Towards evening her forces rallied, and a fever with full pulse ensued. The anodyne and restorative medicine prescribed had no effect whatever in obviating the vomiting or the other symptoms, which indicated such extreme danger. Soon afterwards a cessation of secretion of urine, with greater tumefaction of the lower part of the abdomen, took place. In this state she lingered till the fifth of October.

The circumstances which had preceded and accompanied the first stage of pregnancy, the pains of the right hypogastric region, the pertinacity of the vomiting, and the pains which continued after the expulsion of the false birth, were manifest signs of an extravasation of blood in the cavity of the abdomen, and indicated the existence of another conception, which was not before suspected.

Dissection.—Upon opening the cavity of the abdomen, an immense sanguineous extravasation was found there; and after removing this quantity of grumous matter, there was found in the lower part of the right iliac cavity, a small fœtus of the male sex, fully developed, and which appeared to be of about three months. This fœtus was attached by the funis to the corresponding ovarium, in the midst of which was implanted the placenta. The ovarium presented itself, as a large tumor of the size of a turkey's egg. There was an opening in the inferior part of it, from whence the fœtus had issued, and this opening exposed the cavity, in which was implanted the placenta. The ovarium and fallopian tube, on the left side, were observed perfectly sound. The uterus was nearly double the natural size, being large enough to contain a fœtus of three months, and its parietes were considerably thickened. The placenta, in the posterior part of its attachment to the ovarium, was lacerated and disorganized. The anatomical preparation of this interesting case is placed in the Imperial Museum of Physical and Natural History of Florence.

Here terminates the history of this singular case ; but some reflections naturally offer themselves in illustration. The multiplied experiments of Vallisnieri and Spallanzani to ascertain the development of organic germs and the process of conception, have undoubtedly thrown some light upon the system of generation ; but we are yet far from being able to class our knowledge of the subject amongst the catalogue of physical truths. In the preparation preserved of the above singular impregnation, the pinged extremity of the fallopian tube is seen strongly adhering to the ovarium. It is therefore probable that the fallopian tube, after having carried the prolific fluid to the ovarium, and to which the tube attached itself, at the moment of conception, abandoned not the same ovarium after having received the germ in its cavity, nor would it do so (whatever time may interpose) between the conception and the detachment of the germ ; and hence we may infer the natural development of germs in the uterus, and why the impregnation in the fallopian tubes is much more liable to occur than that of the ovaria. With regard to the cause of the pains occupying the right hypogastric region, these were consecutive to the distention of the abdomen, and may be ascribed principally to the ovarium not admitting the degree of extension which was necessary, and proportional to the successive development of the fœtus, and these pains were no doubt augmented by the weight as well as the distention. From this circumstance, too, may be observed the inevitable necessity of the laceration of the ovarium, and which did not occur until the third month of pregnancy. But that which merits more particular attention, is the changes which were indicated by the symptoms ; as undoubtedly the exacerbation of the pains of the right side, the increased bulk of the abdomen, the icy coldness of the whole surface, announced clearly, fifteen days before death, that the laceration of the ovarium, and consequent extravasation of blood into the cavity of the abdomen, had taken place. In such a deplorable state, with so considerable an organic derangement, life could not possibly be prolonged, nor the least ray of hope be held out to the suffering patient.

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INTERESTING PHYSIOLOGICAL EXPERIMENT.

An ounce of gastric fluid, taken from the stomach of Alexis St. Martin, nearly a year since, has been kept in the laboratory of Dr. Charles T. Jackson, of this city, corked up in a phial, and exposed to the variations of temperature, through the last summer and winter, for the purpose of observing what changes would take place in its composition. The temperature of the room has varied from 100° to 30° F., and the gastric fluid has not in any manner changed in its chemical composition—it having only let fall a cloud of mucus which is totally insoluble in the fluid. This gastric fluid has preserved its digestive properties unimpaired, and now dissolves meat as readily as when first extracted from the stomach. Dr. Jackson took it from Alexis St. Martin on the 6th of May, 1834, and after having filtered it through coarse bibulous paper, corked it up in the phial as above stated. The experiment of digesting five grains of the muscular fibre of roasted veal, was performed with a 1-2 ounce of this fluid, on Thursday, the 23d of April, 1835, the phial being kept warm and in agitation by carrying it in his watch pocket while on professional duties about town. The entire solution took place in twelve hours. Dr. Jackson, with his usual perseverance, has made a series of experiments with this fluid, and a proximate chemical analysis of its constituent parts, which will soon be published in some one of the medical periodicals, the result of which we shall lay before our readers.

Why are not the services of this gentleman secured by some of the medical schools ? As a chemist, he certainly excels—having no superior in this important department of medical science.

MEDICAL MANŒUVRING.

We have heretofore had occasion to make reference to several anonymous communications which have been sent to our address, relative to alleged medical manœuvrings in this metropolis. The subject is again referred to, in order to state that we wish it distinctly understood by all who read this Journal—(and, by the way, it is pretty certain that a goodly catalogue manage to peruse its pages, who do nothing towards its support)—that though we feel a perfect willingness to publish facts which will be interesting to the profession, yet there must be a responsible name attached to all such articles as would be calculated, from the peculiarity of their character, to rouse the indignation, wound the delicacy, or call in question the motives, of any individual. That the spirit of intrigue is now at work, as it always has been and will be in a city where competition exists in professional business as well as in trade and manufactures, is not to be doubted ; but there is a wide distinction to be made between honorable ambition and low cunning. Much is said about medical aristocracy—and not, perhaps, without reason. But the very men who reprobate the doings of others, would, if placed under similar circumstances, there is great reason to fear, arrogate quite as much power to themselves, as appears odious to their jaundiced eyes in those whom they eschew as medical monopolists.

Being desirous of passing over the rough road of life as comfortably as possible, without interfering with the rights or privileges of others, we can conceive of no condition more wretched than that kind of intolerable selfishness which grasps at even the good name of a rival. A man's good name is not to be cauterized without cause. It is his jewel ; and to pursue a course of treatment which has a tendency to lessen the confidence which may be reposed in him, either as a physician or a citizen, without manfully assuming the responsibility of declaring and carefully substantiating the accusation, would be no less atrocious than highway robbery.

Again, it would be absolutely hypocritical to deny that we are impressed, most fully, with the conviction that some of the insinuations so strangely sent to us, are based on truth; and when fair statements are presented, with an avowal of the authorship, no unwillingness will be manifested to conceal abuses or barricade the falsely acquired reputation of a medical manœuvrer.

Within a very few days we have been accused of being in the interest, and, indeed, at the quiet disposal, of what our correspondent denominates a clan, who, 'while cutting the cloth to suit their own measures, manage most adroitly to keep us subservient to their plans of medical aggrandisement. This is as false as it is abominable. We are neither to be bought nor sold; and we take this opportunity to declare, triumphantly, that we are in every respect entirely independent and unshackled. Because, forsooth, we are professed peace-makers, devoted to the quiet pursuits of medical literature, and catering to the best of our ability for a Journal which is circulated in sections of the country where these local feuds are unknown and uncared for, we are said to be muzzled!

Give us facts—we repeat the invitation—and be in readiness to substantiate them, and we care not how much medical iniquity is exposed, nor who swings upon Haman's gallows. We never had a tact for discovering the motes in a neighbor's eye; but we do not, however, on that account, question their actual existence. Yet our own personal intercourse and general acquaintance with the profession in New England, give us the most favorable opinion of the intrinsic worth and claims to respectability of the whole body.

In dismissing this subject, we would again state that our columns are open to whatever can serve the medical profession, promote merit, or better the physical condition of mankind.

THE SPRINGFIELD SOMNAMBULIST.

In the last number of the Journal an erroneous statement, relative to Miss Rider, was inserted. Dr. Belden, her former physician, and the gentleman to whom the philosophic world is indebted for an admirable history of her case, has sent us the accompanying note, which we are happy to lay before the public.

Springfield, April 23, 1835.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I am sorry to find an error of "one of the Springfield papers," respecting Jane C. Rider, transferred to your Journal. By recent letters both from her and her present medical attendant, I learn that she does NOT now possess the extraordinary power of vision which she manifested when in Springfield. She has, within a few months, suffered much from headache; and, during that time, has had several paroxysms in which there was a partial interruption of consciousness: but *only in one instance* has she been able to see in the dark. On no other occasion, since she left the hospital in Worcester, has she given evidence of any uncommon power of vision. I am happy to have it in my power to state that her health is now improving—that she has had no paroxysm, of any kind, for several weeks, and the pain in the head is much relieved.

Yours, truly. L. W. Belden.

McLane Insane Hospital.—Dr. Rufus Wyman, who has been identified with this valuable charity since it first went into operation, some sixteen years ago, has recently resigned his situation.

LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

In the *Sixteenth Lecture* of the course upon Diseases of the Eye, Dr. Jeffries described some of the diseases of the tunica conjunctiva which are the result of chronic inflammation of that membrane.

The first of these that came under consideration was preternatural elongation of the conjunctiva in the palpebral fissure, which was stated to be most commonly the result of purulent ophthalmia. The characteristic appearances of this fold were described so that it might not be confounded with fungus or granulations of the conjunctiva—these diseases requiring distinct and different treatment. The danger of the occurrence of eutropium, or eversion of the eyelids, from neglect of the disease under consideration, was pointed out, and its treatment by operation was described, with cautions against performing it in such a manner as to lead to ultimate adhesions between the globe and the cut or raw surface of the eyelid, as sometimes happens. The after-treatment, also, has particular reference to this point. Frena, or false membranous bands, naturally claimed the notice of the lecturer, in connection with the last-named subject, and their treatment was described, together with the inseparable difficulties arising from the juxtaposition of the parts.

Before leaving this subject, the pathological character of the membrane lining the anterior hemisphere of the globe, and the internal surface of the eyelids, was commented on. From its disposition to the adhesive inflammation a useful caution was adduced respecting operations upon this part. Fungous growths and excrescences of the conjunctiva were next adverted to, and excision was recommended for their cure. Next, that peculiar state of the conjunctiva, known under the name of pannus, was briefly described.

Particular attention was directed to the consideration of a class of diseases of the eye, which are rendered interesting as much from their comparative infrequency, as from the alarm they excite in the minds of those who are afflicted with them; viz. tumors of the globe. For practical purposes, tumors of the globe, or eyeball, may be divided into the following varieties. 1st. Tumors of the conjunctiva, not connected with any other part. 2d. Tumors of the conjunctiva extending to the cornea. 3d. Tumors on the cornea. 4th. Tumors on the conjunctiva of the globe, extending in depth so as to involve the cellular texture beneath, or such as become attached to the sclerotic coat.

The analogy existing between tumors of the conjunctiva and those arising from mucous surfaces in other parts, was pointed out. Excision was advised as the proper method of cure for tumors of this description. The nature and peculiarities of the other varieties of tumors were successively pointed out, and their treatment, as modified by situation and circumstances, and the mode of operation most appropriate to each, were distinctly described.

The influence of injuries and blows upon the eye, in the production of tumors (sometimes of a malignant character) was noted, and the subject was closed with an account of tumors of the eyelids. A description of encanthis and elongated valvula semilunaris occupied a portion of the hour. The operation to be performed for their removal, in a safe and proper manner, was carefully pointed out.

That very rare and curious disease—conical cornea—received a due share of attention. As regards its formation, or the causes of this change of structure of the cornea, some obscurity is generally acknowledged. The remarkable degree of short-sightedness, which is characteristic of the disease, was explained upon philosophical principles—and hence the benefit afforded to the patient's vision by extraction of the crystalline lens, may be accounted for. The modes of treatment usually adopted were mentioned, and the work of Travers on the eye was referred to.

Ptosis, or falling down of the upper eyelid, came next under discussion. The various causes which may lead to a drooping of the lid—mechanical causes, weakness, or paralysis of the levator palpebræ superioris—were each in turn adverted to. The beneficial results which may accrue from an operation in certain cases were particularly noted. Forceps of a peculiar construction were used in this operation, for which they have been found well adapted.

Monomania.—As many individuals are decidedly insane upon some one subject, it is evident that the moral treatment of mental diseases has not received a proper share of attention from physicians. In no country in the world, however, is insanity more philosophically treated than in this; yet something further is required, in order to realize the advantages accruing from phrenological science.

Improved Edition of Good's Study of Medicine.—Dr. Doane, of New York, a native of Boston, is engaged in preparing a new edition of this work, which is represented, by competent judges, to be an undertaking that will greatly add to his reputation.

Medical Lectures in Maine.—A gentleman, recently from Brunswick, says that the medical lectures there have just closed. The term has been an unusually pleasant one. Not far from one hundred students have attended, the present season—a number having joined the class after the catalogue was published. It is high time some permanent appointments were made to certain vacant professorships. For one or two years, the chair of Theory and Practice has been filled temporarily, though satisfactorily; and as it regards the anatomical theatre, we hope it will not go a-begging. A permanent faculty would give more character to the institution, already one of the best in this part of the Union. There is not a better field for an accomplished surgeon in all New England, than at Brunswick, provided he were connected with the College.

Boyer's Surgery.—Dr. Francis A. Willard, of Charlestown, Mass. is translating Baron Boyer's great System of Surgery. It is embraced in thirteen octavo volumes, averaging five hundred and fifty pages each—one half of which is completed, and now ready for the press. Dr. Willard is distinguished for his industry and critical knowledge of the French language.

Private Medical Instruction.—Two of the best private schools for medical instruction, to which pupils can with confidence be recommended, in this neighborhood, are those conducted, the one by Dr. Channing and his talented associates, and the other by Dr. Hale, in conjunction with gentlemen of acknowledged acquirements. Students registered in either, enjoy alike all the advantages of the Massachusetts General Hospital, a most admirably organized institution. It is understood there is a third, either in Northampton or its vicinity.

U. S. Marine Hospital, Chelsea.—By an advertisement in this number of the Journal, it will be noticed that our friend Dr. Stedman, surgeon of the above-named hospital, which affords uncommon advantages for clinical instruction, receives students at a price so low, that even poverty is no obstacle to their studies. From a personal acquaintance with Dr. S., and a knowledge of the advantages to be derived from his instructions, we assure those who may be induced to enter their names, that they will fully realize the benefits set forth in the circular.

Tracheotomy.—The following very extraordinary case was reported at a recent meeting of the Academie Royale de Médecine. A young woman, aged 22, who had been cured of extensive syphilitic ulcers of the thorax by the ordinary means, experienced a total loss of voice, and so much difficulty of breathing, that the operation of laryngotomy was resorted to as the only means of affording relief. The division of the crico-thyroid ligament, however, did not give passage to the air, this portion of the larynx being doubtless obliterated by adhesions and false membranes, and it was found necessary to extend the incision downwards, so as to divide several of the cartilaginous rings of the trachea. As soon as this was accomplished, the air passed freely, and respiration was established through the opening. A canula was introduced with the intention of leaving it in the aperture; but as its frequent closure by mucus gave rise to repeated attacks of suffocation, M. Regnoli resolved to excise several rings of the trachea, in order to establish an aperture of sufficient extent to allow of the uninterupted passage of air, and the free exit of the mucous and purulent secretions. Several fruitless attempts were made to re-establish the natural opening of the larynx, by means of probes passed from the artificial opening upwards. The individual had, nevertheless, survived four years at the period of this report, breathing freely through the artifical passage, which she kept open herself by means of a canula. When she closed the tube, she could make herself understood, a small portion of air finding its way into the mouth, through the larynx, which was probably not completely obliterated.—*Révue Medicale, Oct.* 1834.—*N. Amer. Ar.*

Curious Effects of Morphia.—Dr. Bellingeri quotes a case of violent and obstinate hiccup, wherein acetate of morphia was used by sprinkling on a blister raised over the epigastrium. It produced a sensation of compression of the back part of the head : the patient could neither move nor speak : he had lost all sensation : both epididymes tumefied. In the course of an hour these symptoms disappeared, and were replaced by a general and intolerable itching, particularly of the forehead, nose, chin, and scrotum ; at length, after two hours, the itching ceased, and the hiccup was found to be cured.—*Lon. Med. and Surg. Journ.*—*Ibid.*

Entozooa in the Eye.—In a memoir recently published by Dr. Anton Gescheidt, on this subject, we find an enumeration of the following species, which he has found in the human eye: 1. Four fragments of *Distoma oculi humani*, in the eye of a child, aged five months, which died of tabes mesenterica, and was affected with a capsulo-lenticular cataract. 2. Three fragments of *filaria oculi humani*, in the cataractous lens of an old man, aged 61. 3. An echinococcus hominis, between the lens and choroid coat of the eye of one of the pupils of the institution for the blind, who died of phthisis, aged 24. Other cases are reported, in which entozooa were found in the eye of dogs, a hog, and in the falco lagophus.

Hecker's Wiss.—Ibid.

Legislation upon Thomsonism.—A continual press of matter, having priority, has prevented the insertion, this week, of Dr. Williams's masterly exposition, in the Maryland House of Delegates, of the real object and ridiculous pretensions of that most potent of all homebred quackery—Thomsonism. In the next Journal, it will have precedence.

Whole number of deaths in Boston for the week ending April 25, 23. Males, 11—Females, 12.

Of consumption, 5—debility, 1—ossification of the heart, 1—canker, 2—canker in the bowels, 1—fits, 2—scarlet fever, 2—infantile, 3—mortification, 1—inflammation of the bowels, 2—hooping cough, 1—bursting bloodvessel, 1—lung fever, 1.

ADVERTISEMENTS.

MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

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Boston, April 21, 1835. (April 29.—3t.) C. H. STEDMAN.

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The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry By DR. CHANNING.
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On the Principles and Practice of Surgery - - - - - - - - - By DR. OTIS.
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The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. 6m.

Boston, April 1, 1835.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR

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